

**CLAIM AGAINST DEPARTMENT OF TRANSPORTATION FOR AMOUNTS \$5,000 OR LESS**

LD-0274 (REV 11/2004)

**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquires on information maintenance to your IPA Officer.

*This form is to be used when filing a claim against the Department of Transportation as provided in Government Code Section 935.7.*

PLEASE: • print or use a typewriter when filling out form.

- sign and date claim form.  
(UNSIGNED AND UNDATED FORMS WILL NOT BE ACCEPTED)

			STATE USE ONLY
1. NAME: LAST	FIRST	MIDDLE	CLAIM NUMBER
HOME ADDRESS		BUSINESS/CELL PHONE	HOME PHONE
CITY		STATE	ZIP CODE
2. PUT A SPECIFIC TIME AND DATE WHEN THE LOSS FIRST OCCURED		TIME OF INCIDENT <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF INCIDENT
3. STATE THE LOCATION OF THE INCIDENT (CITY, COUNTY, HIGHWAY, NEAREST OFF-RAMP, CROSS STREET, POSTMILE, OR DIRECTION OF TRAVEL).			

4. EXPLAIN HOW THE DAMAGE OR LOSS OCCURRED:

WHAT PARTICULAR ACT OR OMISSION ON THE PART OF CALTRANS OR ITS CONTRACTOR CAUSED THE DAMAGE OR LOSS?

WHAT IS THE DOLLAR AMOUNT OF YOUR LOSS? (SUBMIT PAID RECEIPT OR TWO DETAILED ESTIMATES)

\$

5. INSURANCE INFORMATION IS REQUIRED		NAME AND PHONE NUMBER OF INSURER	
ARE YOU THE REGISTERED OWNER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU SUBMITTED A CLAIM TO YOUR INSURANCE CARRIER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WERE YOU PAID?	<input type="checkbox"/> YES <input type="checkbox"/> NO	FOR WHAT AMOUNT?	YOUR DEDUCTIBLE AMOUNT?
		\$	\$

VEHICLE INFORMATION				
MAKE OF VEHICLE	MODEL	COLOR	YEAR	LICENSE NO.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE FOREGOING FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF CLAIMANT	DATE
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REVERSE SIDE FOR STATE USE AND FILING INFORMATION ON CLAIMS

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**FOR STATE USE ONLY (BELOW)**

DATE CLAIM RECEIVED		CLAIMS OFFICER SIGNATURE				APPROVE AMOUNT \$		<input type="checkbox"/>	
<input type="checkbox"/> STATE RESPONSIBILITY		TORT FUND/ CONTRACT CONTINGENCY		<input type="checkbox"/> CONTRACTOR RESPONSIBILITY		DISAPPROVE		<input type="checkbox"/>	
LOCATION CODING									
DISTRICT		COUNTY		ROUTE		POST MILE		E.A.	
								DCP	
TC		SOURCE		CHG.		EXPENDITURE		SUB-JOB	
		DIST. UNIT							
FA		AGENCY OBJECT		AMOUNT		FFY		ENC. DOCUMENT NUMBER	
ITEM				CHAPTER		STATUTES		FISCAL YEAR	
I hereby certify upon my own personal knowledge that the budgeted funds are available for the period and purpose of the expenditure stated above.						ACCOUNTING OFFICER SIGNATURE		DATE	

**FOR CLAIMS FIVE THOUSAND DOLLARS (\$5,000) OR LESS**

CLAIMS OFFICER  
Department of Transportation  
3337 Michelson Dr. Ste.380  
Irvine, CA 92612

**FOR CLAIMS OVER FIVE THOUSAND DOLLARS (\$5,000)**

You must file with the Victim Compensation and Government Claims Board in Sacramento, California. If you have any questions about claims of more than five thousand dollars, call or write:

**VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD**  
POST OFFICE BOX 3035  
SACRAMENTO, CA 95812-3035  
PHONE: (800) 955-0045 OR (916) 323-3564

*The fact that this statement of the procedure to be followed in asserting a claim against the State of California has been furnished to you or that an investigation of any claim is undertaken is not to be taken as an admission of liability in any respect on the part of the state or any of its officers or employees; nor is the fact that this informational statement has been furnished to you to be construed as a waiver of any requirements imposed by law, or any defense which may be available to the State of California in connection with any claim that might be filed against it.*